# Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

Amendment		
☐ Yes	No	

This form must be accompanied by forms CRO-3100 and C	RO-3500 (when an	nending, only	re-submit if applicable).
1. Committee Information			
a. Full Name			c. ID Number
domnittee to ELECT	CHRISTY	Juda	
b. Mailing Address (include City, State and Zip Code)			d. Date Organized
Supply, NC 28462			12-15-15
supply, MC as 10 -			e. Phone Number
			910 842-4843
2. Candidate Information			e's Primary Committee
a. Full Name	e. Candidate ID Num		f. Party Affiliation
Christy Faircloth Judah			Rep.
Joyce Christine Judah			(Indicate Non-partisan if applicable
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought		(moreone rion parties)
1093 Stanbury Rd SW		1 ~ 1	C-1
Supply NC 28462	Doaro	to t	tci,
c Phone Number  d Emeil Address	h. Next Election Year	r i. J	Jurisdiction
842-4843 christy judah @gma			
Email copy of notices	The. Com	2016	
3. Treasurer Information	14 Contadion of I	XVID To Farm	
a. Full Name	4. Custodian of B a. Full Name	/00K\$ 111101 11.	ation
Brenda Sue Barber		Sue	Barber
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (in	include City, Str	ate and Zin Code)
	CLIVIA		
c. Phone Number d. Email Address	c. Phone Number	d. Email Add	dress
850-7996	Dan	ne	
I prefer to receive notices by email Yes No	Email copy	of notices	
5. Assistant Treasurer Information Add	6. Account Inform		cl. CRO-3500)
a. Full Name Remove	a. Financial Institutio		Remove
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
is illuming countries (menture city) owned man call cours	D. Purpose		
		70,01	
c. Phone Number d. Email Address	c. Account Code	d. Type	
Email copy of notices			
CERTIFICATION			
I certify that the Committee or Fund is in compliance with a	all applicable provi	sions of Artic	1- 224 22R & 22D-22M of
Chapter 163 of the NC General Statutes and that no funds a	are commingled with	h prohibited	or other non-disclosed funds.
I further certify that this report is complete, true and correct	t.	i pre	A Other non weekler
Par Bridge P	, >	1	
prenoa verse Du	ida. Da	by	12-15-15
Printed Name of Signer Sign	mature of Appointed Trea	asurer	Date

CRO-2100A

NC State Board of Elections

July 2011



# North Carolina

#### State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

### **Certification of Threshold**

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	
Committee Name:	Committee to Elect Christy
Treasurer Name:	Brenda S. Barber
Treasurer Address:	3868 HICKORY VIEW Dr
(include city, state, & zip)	Bolivia NC 28422
Treasurer Phone:	910-850-7996
election cycle under the procuntil the end of the election of expenditures during this election of elections and file required THIS DECLARATION CAN  I am withdrawing my Coto file the next scheduled reconstruction.	ittee intends to neither receive nor expend more than \$1,000 during the current redures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or the tion cycle, I understand that I must immediately notify the appropriate board campaign finance reports.  I ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.  Certification to remain at or under the \$1,000 threshold. I will now be required eport for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.
13-15-15 Date Signed	Christy Judah



# North Carolina

#### State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach **Executive Director** 

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

July 2014

# **Candidate Designation of Committee Funds**

This form is used by candidate c how the committee's funds are to	committees only and allows the candidate to designate in the event of their death, o be disbursed using the eight allowable methods outlined in 163-278.16B(a).	
This Designation is filed at the	Board of Elections office where the committee's campaign reports are filed.	
Candidate Name:	Christy Faircloth Judah	
Committee Name:	Committee to Elect Christy Jud	
Treasurer Name:	Brenda Barber	
If Candidate is own treasure	er, designate an agent to carry out designations:	
Committee ID #:		
Level Registered: [State	e] [County] If county, specify: Brunswick	
I, Christy Jucks, hereby direct that in the event of my death or incapacity all (Name of Candidate)  funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).		
Name of Ent (Select from \$163-276		
1. Bruns Search	- Resure 100%	
2		
3		
By signing this form, I certifien. Statute 163-278.16B(a records.	fy that the foregoing entities are eligible beneficiaries under N.C.  a). A copy of this form should be maintained with the Committee	
Signature of Candidate:	Christip Gredan	
Date:	12-15-15	
CRO-3900	Candidate Designation of Committee Funds  July 2014	



## North Carolina

#### State Board of Elections

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#### **Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	
Candidate Name:	Christy Judah
Treasurer Name:	Brenda Barber
Treasurer Address:	3868 HICKORY VIEW Dr
(include city, state, & zip)	Bolivia, NC 28422
Treasurer Phone:	910-850-7996

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in Subchapter VIII. Regulation of Election Campaigns of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2-15-15 Date Signed Signature of Candidate